

National Bioterrorism Hospital Preparedness Program (NBHPP)

Progress Toward Achieving Critical Benchmarks

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The Program

- Mission is to ready hospitals and supporting healthcare entities to deliver coordinated and effective medical care to victims of terrorism and other public health emergencies
- Initial funding in fiscal year 2002 awarded through cooperative agreements to 59 jurisdictions in the amount of \$125,000,000
- Fiscal year 2003 funding awarded to 62 jurisdictions through cooperative agreements in the amount of \$498,000,000

Approach to Evaluating NBHPP

- Semi-annual progress report
 - Covers activities September 1 through February 28, due May 1
- AHRQ/HRSA Hospital Assessment Survey
 - BT Emergency Planning and Preparedness Assessment Instrument developed and piloted by Booz-Allen-Hamilton
 - HRSA to fully field survey to all HRSA-funded hospitals as soon as possible
- HRSA/DHCEP Indicators Project

Year One Progress Report Data

- 88% of awardees have a system in place to receive and distribute antibiotics and smallpox vaccines made available from Federal sources; the rest are in the final planning stages for a system
- Jurisdictions will have held more than 1000 drills since the beginning of the program
- 77% of hospitals have policies and procedures in place, or are developing procedures for increasing their inpatient bed capacity
- 89% of jurisdictions addressed education and training in their work plans

AHRQ/HRSA Hospital Assessment Survey Preliminary Pilot Data

- 99% of hospitals have an emergency plan addressing the medical management of a bio-event
- 97% of hospital emergency plans address procedures for expanding staff availability during a bio-event
- 75% of hospitals participate in a regional system to monitor inpatient bed availability, and 9% plan to do so in next 6 months
- 78% of hospital staff participate in bio-event exercises at least every 2 years, 19% plan to do so in the next 6 months

Approach to Evaluating NBHPP: Performance Indicators Project

- Design measures largely quantitative in nature
- Should be general enough to be easily collected by all awardees, yet specific enough to provide performance information on the program
- Have buy-in from program staff, awardees, and key stakeholders
- Be robust and valid enough to be in place for next few years to allow longitudinal tracking
- Work with CDC to minimize duplication and facilitate easier reporting by awardees

Purpose of Project

- Answer questions frequently raised about how money is being spent, what program is accomplishing, and whether the health care system is better prepared
- Provide program with information on awardee accomplishments, areas of weakness, needs for technical assistance, need for program guidance, and inform future program guidance
- Serve as baseline and benchmarks for future progress and performance

The Process

- Devise a list of largely quantitative measures in coordination with program staff
- Convene a group of awardees, program staff, and a few stakeholders to review and vet the list of candidate measures
- Use guidance of group to pare down list to only those key performance indicators (about 1 per Critical Benchmark)
- Pilot test list of key indicators and make necessary revisions (conduct focus groups, ensure clarity and ease of administration)
- Implement set of key indicators as part of '04 guidance
- Continue collecting data annually or semi-annually

The Indicators

- Develop indicators around Cooperative Agreement Guidance, approximately one for each Critical Benchmark
- Examples of proposed indicators:
 - Benchmark 2.1 - Bed Capacity
 - Number of beds which awardee is capable of surging beyond standard bed capacity
 - Benchmark 2.4 - Advanced Registration
 - Number of health professionals registered in the advanced registration system (broken down by profession)
 - Benchmark 2.5 – Pharmaceutical Cache Capacity
 - Number of patients the awardee is able to prophylax for anthrax over a 48 hour period
 - Benchmark 2.7 – Decontamination Capability
 - Number of persons capable of being decontaminated in a 6 hour period

Timeline for Evaluation

- December '03 - convene program staff and develop draft list of indicators
- February '04 - convene group of awardees and some stakeholders to vet indicators
- March '04 - pilot test indicators
- April '04 - include piloted and revised set of indicators in continuation guidance
- August '04 – receive first set of data from indicators

Collaborative Effort

- Continue working with CDC
 - to minimize duplication of measures
 - coordinate on-line collection of data, if possible perhaps using same website
 - Use similar appearance for instrument to facilitate ease in reporting data
- Continue working with the Department
 - To ensure collection of pertinent data in the most useful manner
 - To provide timely data as needed

Program Accomplishments

- South Dakota received \$2.147 million
 - Identified 4 state planning regions
 - Identified lead hospitals in each region
 - Developed redundant communication system between state health department, hospitals, public safety, Indian Tribes, labs, and public health clinics
 - Designed a complete mobile BSL 3 lab based on a semi-trailer platform
 - Completed a state-wide assessment of PPE needs for hospitals and negotiated a single purchase of PPE with on-site training at each hospital

Program Accomplishments

- Los Angeles County
 - Received \$3.66 million in FY 2003
 - Funded 52 of 81 hospitals
 - Focused on key areas such as purchasing PPE, and improving decontamination capability
 - Purchased antibiotics to treat or prophylax 50,000 people, which were pre-placed in 6 locally maintained pharmaceutical caches

2003 Guidance Critical Benchmarks

- CB #1 = Financial Accountability
- CB #2-1 = Hospital Bed Capacity
- CB #2-2 = Isolation Capacity
- CB #2-3 = Health Care Personnel
- CB#2-4 = Credentialing
- CB #2-5 = Pharmaceutical Caches
- CB #2-6 = Personal Protection Equipment
- CB #2-7 = Decontamination Systems
- CB #2-8 = Mental Health
- CB #2-9 = Trauma & Burn Care Capacity (*Optional)
- CB #2-10 = Communications & Information Technology
- CB #3 = Emergency Medical Services
- CB #4-1 = Hospital Laboratories
- CB #4-2 = Surveillance & Patient Tracking
- CB #5 = Education & Prep Training (*Optional)
- CB #6 = Terrorism Preparedness Exercises